

**COVID-19 Return-to-Worksite Daily Self-Assessment Screening (Rev.14\_AC1) (02/19/21)**  
**LA-UR-20-24754**

**Worker Instructions:** Verify with your manager that you have completed this daily self-assessment every day before you come to work onsite at LANL.  
 If you answer **YES, or are unsure how to respond** to the questions below, you must contact the LANL COVID-19 Hotline at 505-606-2667 for guidance. **DO NOT** come on-site until you have received approval to come on-site from the COVID-19 Hotline.  
**Managers must not allow** an employee to work on-site until the employee verifies that they have completed the self-assessment for that day.

**Travel Related**

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|----|--|
| 1. | Have you traveled out of state for personal or official business in the last 10 days and been directed by your RLM to report isolation dates or a test result? |
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**Exposure to Others**

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|----|---|
| 1. | In the past 14 days have you spent 3 minutes or longer closer than 6 feet from anyone that has recently had COVID-19, has experienced any of the symptoms noted below, or has a COVID-19 test pending that was collected outside of an employer-based random testing program? |
|----|---|

**COVID-Like Symptoms/COVID Testing**

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|----|--|
| 1. | Do you have a COVID-19 test result pending that was collected outside of the Laboratory's random testing program or have you had a positive test for COVID-19 in the past 14 days? |
| 2. | Have you experienced a fever of 100.0 or higher in the past 24 hours?  |
| 3. | Have you experienced any of the following NEW symptoms in the past 48 hours?   |
|    | a. Fever or chills   |
|    | b. New loss of taste or smell  |
|    | c. Cough   |
|    | d. Shortness of breath   |
|    | e. Fatigue   |
|    | f. Muscle or body aches  |
|    | g. Headache  |
|    | h. Sore throat   |
|    | i. Congestion or runny nose  |
|    | j. Nausea, vomiting or diarrhea  |

**High Risk Conditions**

If you have any of the high risk medical conditions listed by the CDC, and/or are over the age of 65 and *have not previously contacted the LANL COVID Hotline to discuss medical recommendations*, you must do so before you come to work onsite. Please see the [list of CDC-recognized conditions](#) that will increase your risk of severe illness from COVID-19.

Cancer (under active evaluation or treatment)

Chronic kidney disease

Chronic obstructive pulmonary disease (COPD)

Heart conditions such as heart failure, coronary artery disease, pulmonary hypertension

Weakened immune system from solid organ, blood or bone marrow transplantation; HIV; use of corticosteroids; or use of immune weakening medicines

Sickle Cell Disease

Uncontrolled diabetes

BMI  $\geq$  30

Pregnancy

Smoking